ı														
	PATENT APPLICATION FEE DETERMINATION REC							Application or pocket Number						
-	Effective October 1, 2000						ORD		09		RRYS	(5)		
	CLAIMS AS FILED - PART I						SMAI	LE	YTITY/	/ 	20 / 0			
r	TOTAL CLAIN	/IS	(Colu	(Column 1) (Column 2			TYPE		= '/	OF		R THAN L ENTITY		
⊩						War were	RA	TE	FEE	7	RATE			
FOR				NUMBER FILED		BER EXTRA	BASIC	FEE		OF	BASIC FE	- 		
Ľ	OTAL CHARG	26,	## minus 20=		6	XS	Q_		7	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TUNE Y			
IV	DEPENDENT	4	4 minus 3 =		i				OF	X\$18=	VOX			
М	ULTIPLE DEPI	ENDENT CLAIM					X40)=		OR	X80=	180		
• 1	f the difference	e in column 1	in the stant	loco then are a second			+13	5=		OR	+270=	1720		
				ess than zero, enter "0" in column 2 MENDED - PART II			TOTA	AL		OR	TOTAL	7217		
	(•		-			OTHER	THAN						
A	(Column 1) CLAIMS		46 (4 PA)	(Colum) (Column 3)	SMA	LL E	NTITY	OR		ENTITY		
NT,		REMAINING AFTER		NUMB PREVIO	ER	PRESENT EXTRA	RATI		ADDI- IONAL	1	DATE	ADDI-		
	Total	AMENDMENT		PAID F		ZATHA			FEE		RATE	TIONAL FEE		
AMENDMENT	Independent	16	Minus Minus	76	<u>, </u>	=	X\$ 9	-	1	OR	X\$18=			
F		ENTATION OF M		DENDENT	CL A114		X40=		1	OR	X80=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								\top		1	070			
							+135= TOT/	_!_		OR	+270≠ TOTAL			
		(Column 1)		(Columi	n 2\	(Column 3)	ADDIT, FE			OR ,	DDIT. FEE			
מ		CLAIMS REMAINING	24-11-11	HIGHE	ST				001			<u> </u>		
2		AFTER AMENDMENT		PREVIOL	JSLY	PRESENT EXTRA	RATE		ONAL		RATE	ADDI- TIONAL		
"ENDINEN!	Total	•	Minus	PAID FO	DR .			- -	FEE			FEE		
- 1	Independent		Minus	***		=	X\$ 9=			OR	X\$18=			
	FIRST PRESE	NTATION OF M	L ULTIPLE DEI		LAIM		X40=			OR	X80=			
							+135=			OR	+270=	:		
							TOTA				TOTAL			
_		(Column 1)		(Column	(2)	(Column 3)	ADDIT. FE	E L		OIT A	DDIT. FEE			
1	The state of the state of	CLAIMS REMAINING	***	HIGHES NUMBE	T			1 ^	חסו	_				
	Bee .	AFTER AMENDMENT	46.50	PREVIOUS PAID FO	SLY	PRESENT EXTRA	RATE	TIC	DDI- DNAL		RATE	ADDI- TIONAL		
	otal		Minus	**		=		F	EE	-		FEE		
—	ndependent	•	Minus	***	\dashv		X\$ 9=	1_		OR	X\$18=			
F	IRST PRESEN	NTATION OF MU	JLTIPLE DEP	ENDENT C	LAIM		X40=],	OR	X80=			
							+135=				+270=			
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30 center 20.														
The	Highest Numb	ber Previously Paid er Previously Paid	id For" IN THIS For" (Total or	SPACE is le	ss than : is the hi	3, enter "3."	ADDIT. FEE	<u> </u>		DR AC	DOIT. FEE			